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SL  
MAY 30 2000  
PER \_\_\_\_\_  
DEPUTY CLERK

IN THE UNITED STATES DISTRICT COURT  
FOR THE MIDDLE DISTRICT OF PENNSYLVANIA

MAY 30 2000

PER \_\_\_\_\_

DEPUTY CLERK

BRIAN DOUGLAS

1 : CV 00-0982  
Civil Case No.

Name of Plaintiff(s)

v.

MARTIN F. HORN

Judge

WILLIAM WARD

(Number and Judge to be  
assigned by court)

KENNETH KYLER

MARTIN DRAGOVICH, ET AL.,

Name of Defendant(s)

FILED  
SCRANTON

JUN 02 2000

APPLICATION TO PROCEED IN FORMA PAUPERIS

PER \_\_\_\_\_

DEPUTY CLERK

**PLEASE READ CAREFULLY AND FULLY COMPLETE EACH SECTION.**

1. YES I am willing to pursue my claims in this action under the new provisions of The Prison Litigation Reform Act, understanding that pursuing my claim requires payment of a partial filing fee and deduction of sums from my prison account when funds exist until the filing fee of \$150.00 has been paid in full.
  
2. YES I have enclosed an executed Authorization form which authorizes the Institution holding me in custody to transmit to the Clerk a certified copy of my trust account for the past six (6) months as well as payments from the account in the amounts specified by 28 U.S.C. §1915(b).
  
3. Have you, prior to the filing of the complaint in this action and while a prisoner as that term is defined in 28 U.S.C. § 1915(h), brought 3 or more actions or appeals in a court of the United States that were dismissed as frivolous, malicious, or for failure to state a claim upon which relief may be granted? Yes \_\_\_\_\_ No X
  - (a) If the answer is "yes," are you now seeking relief because you are under imminent danger of serious physical injury?  
Yes \_\_\_\_\_ No \_\_\_\_\_

(b) Please explain in detail why you are under imminent danger of serious physical injury:

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4. (a) Are you presently employed at the Institution? Yes        No X  
(b) If yes, what is your monthly compensation? \$                 

5. Do you own any cash or other property; have a bank account; or receive money from any source? Yes        No X

If the answer is "yes" to any of the above, describe each source and the amount involved.

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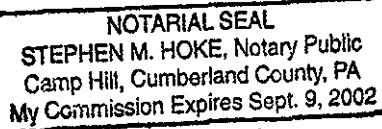
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I certify under penalty of perjury that the foregoing is true and correct.

Executed on 5-19-2000  
(Date)

Bon Journe  
(Signature of Plaintiff)

This certification is executed pursuant to Title 28, United States Code, Section 1746.



May 19, 2000  
Stephen M. Hoke

**1 : CV 00 - 0982**

**United States District Court**

**MIDDLE****DISTRICT OF PENNSYLVANIA**

**BRIAN DOUGLAS**  
PLAINTIFF  
V.

**MARTIN F. HORN**  
**WILLIAM WARD**  
**KENNETH KYLER**  
**MARTIN DRAGOVICH, ET AL.,**

**APPLICATION TO PROCEED IN  
FORMA PAUPERIS, SUPPORTING  
DOCUMENTATION AND ORDER**

CASE NUMBER:

**RECEIVED  
SCRANTON**

**MAY 30 2000**

I, BRIAN DOUGLAS, declare that I am PER check appropriate box DEPUTY CLERK

petitioner/plaintiff       movant (filing 28 U.S.C. 2255 motion)  
 respondent/defendant       other

**FILED  
SCRANTON**

**JUN 02 2000**

in the above-entitled proceeding; that, in support of my request to proceed without being required to prepay fees, cost or give security therefor, I state that because of my poverty I am unable to pay the costs of said proceeding or give security therefor; that I believe I am entitled to relief. The nature of my action, defense, or other proceeding or the issues I intend to present on appeal are briefly stated as follows:

PER DEPUTY CLERK

**42 U.S.C § 1983 Civil Rights Law Suit alledging:**

1. Denial of Access to the Courts
2. Discrimination based on race or disability
3. Tort Medical Claim
4. Violation of Plaintiff's 5th, 8th, and 14th Amendment rights.

In further support of this application, I answer the following questions.

1. Are you presently employed? Yes  No

a. If the answer is "yes," state the amount of your salary or wages per month, and give the name and address of your employer. (list both gross and net salary)

b. If the answer is "no," state the date of last employment and the amount of the salary and wages per month which you received.

SEPT 3, 1999 \$28.00 MONTHLY

2. Have you received within the past twelve months any money from any of the following sources?

a. Business, profession or other form of self-employment	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
b. Rent payments, interest or dividends?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
c. Pensions, annuities or life insurance payments?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
d. Gifts or inheritances?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
e. Any other sources?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>